CALUIN

USER CHARGE SELF MONITORING REPORT

JUN 23 200

NAME: AMNEAL PHARMACEUTICALS

ADDRESS: 209 MCLEAN BLVD. PATERSON, NJ 07504

FACILITY LOCATION: 209 MCLEAN BLVD., PATERSON, NJ 07504

NEW CUSTOMER ID / OUTLET ID: 27200050-1 OLD OUTLET DESIGNATION:

MONITORING	PERIOD —	1	VOL DISCHARGED THIS PERIOD
START	END		93,276 GALS
5 1 08	5 31 08/	093	GU. FT X 7.48 = GALLONS
MO DAY YR	MO DAY YR		EFFLUENT METER READING LAST DAY THIS PERIOD

DATE	BOD	TSS	\neg	DATE	BOD	TSS
-12/00	27 mg/L	7	.//-			<u> </u>
5/6/08	Z/mg/L	0,40,40	//			68 _
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIP		TYPE NAME AND TITLE	TELEPHONE NUMBER
Senen Roxar	for	JITEN PARIKH	973-357-0222
<i></i>	J	VICE PRESIDENT	
			DATE 6-20-08

PVSC FORM MR-2 REV.3 6/93

973-335-CALI FAX 973-335-0556

Dr. Karim Zirvi Amneal Pharmaceutical Corp. 209 McLean Blvd. Paterson, NJ 07054

WEBSITE: www.calilabs.com 1259 Route 46, Building #4/C Parsippany, NJ 07054-4909

E-MAIL: calilabs@earthlink.net

JDEP Certified Laboratory No. 14964

ANALYSIS REPORT

REPORT DATE: MAY 22,2008	
PROJECT NO : 813496	
LAB ID NO: 813496.1	
FIELD ID NO. AP-0506	

Sample: Liquid, Sampled by CALI on 5/6/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF	
BOD₅	405.1	27.0	5/7/08 8:48	2.0	1	
TSS	160.2	6.40	5/9/08 8:00	4.0	1	

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits, MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected $RL = MDL \times DF$

Approved By:

Zvi Blank, Ph.D., CHMM

Laboratory Director



METHOD USED

TOTAL WATER USED

6,773.9 (5/31/08) - 6,508.2 (5/1/08) = 125 CF1 X 7.48 X 100 = 93,276/22 DAYS = 4,240 Total Flow - Gal/Day.

SANITARY USED

1,325 (5/31/08) - 1,278 (5/1/08) = 47 X 7.48 X 100 = 35,156/22 DAYS = 1,598 Flow - Gal/Day.

REGULATORY/TOTAL = 2,642/4,240 = 0.6

SITE PLAN: NO CHANGE



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SITE PLAN: NO CHANGE

CHAIN OF CUSTODY

PAGE OF (Lab use only) No. 215kg6

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4 PARSIPPANY, NJ 07054-4909 PHONE: (973)335-CALI FAX: (973)335- 0556

DELIVERABLES: STD REDUCED FULL (CIRCLE ONE) OTHER (Specify)

FAX: (973)335-0556 NJDEP LAB CERTIFICATION # 14964

1									
-	CLIENT	AMNEAL PHARMACEUTICAL							
	ADDRESS	209 MCLEAN BLVD.							
	CITY	PATERSON	PATERSON						
	STATE	NJ	. ZIP	07054					

CONTACT	DR. ZIF	RVI	PHONE	(973	357-0222			
PROJECT	WASTEWATER							
SAMPLER	name	6. b	m.	sign	Cons			
WITNESSED BY	name					` >		

LAB ID FIELD ID SAMPLI		SAMPLING	AMPLING DATE/TIME		T ·	No	P	ANALYSIS		
813496.1	AP- 6306	36601	12: 35	A	С	1	С	BOD;TSS		
813496,1	AP- 0006	5(6(03	12:35	Α	С	1	Hn,C	Cu, Zn, P3)		
813496,2	AP- 00066	5(6(03	18:40	Α	G	2	H,C	VOC*		
			6.07							
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•										
, }										
ARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE									
	COMPOSITE SAMPLER WAS SET UP ON TOTAL				は「いこの ; SAMPLE WAS COLLECTED ON TEXT					
	SAMPLING FREQUENCY 30 MINUTES.				monthly					

RELINQUISHED BY			RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION	
NAME	SIGN	ATURE	NAME	SIGNATURE				pleir of	
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TURNARQUN	D TIME:				PRIOF	RITY AU	THORIZ	ATION:	
M = MATRIX A - AQUEOUS P - POTABLE WAS SL-SLUDGE SO - SOLID				WATER			- SOIL - OTHER	O - OIL	
T= TYPE	r= TYPE (POSITE G-GRAB			No. = NUMBER OF CONTAINERS			NTAINERS
P = PRESERV		H₂- H₂SO₄	Hn-HNO ₃	H-HCI	N-NaOH A-ASCORBIC ACID C - COOL TO 4 C			C - COOL TO 4 °C	

FOR REGULATORY COMPLESSED

₹00 ₺

 $\rightarrow \rightarrow \rightarrow$ VWMEVF

COMPLETE ANALSIS LABS

0520 388 874 84: at uht 80/91/00